

Case Number:	CM15-0176432		
Date Assigned:	09/17/2015	Date of Injury:	10/26/1998
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male who sustained an industrial injury on 10-26-1998. A review of medical records indicates the injured worker is being treated for multilevel degenerative disc disease and spondylosis of cervical spine associated with upper extremity radiculitis status post-surgery for C5-6 and C6-7 decompression plus a fusion status post a revision anterior infusion at C6-7 and a primary fusion at C4-5 with psuedoarthrosis at C4-5 and C6-7 status post a posterior fusion from C4-C7, right shoulder, degenerative cervical intervertebral disc, cervical spondylosis without myelopathy, brachial neuritis-radiculitis other, arthrodesis status, nonunion of fracture, impingement syndrome of the right shoulder, osteoarthritis of acromioclavicular joint, strain of tendons of the rotator cuff of right shoulder, impingement syndrome of left shoulder, osteoarthritis of acromioclavicular joint, strains of tendons of the rotator cuff of the left shoulder, carpal tunnel syndrome, other tenosynovitis, osteoarthritis local primary hand, and traumatic arthropathy hand. Medical records dated 8-4-2015 indicate pain in the neck, shoulders, and wrists. He has trouble with activities along with some clicking and popping plus some weakness in the shoulders. Physical examination noted range of motion was restricted to the cervical spine. There was tenderness of the cervical spine. There was tenderness to the upper extremities. Range of motion of the right shoulder noted flexion at 140 degrees, abduction of 150 degrees, external rotation at 60 degrees, and internal rotation at 60 degrees. There was tenderness to the right shoulder. Left shoulder range of motion showed flexion of 130 degrees, abduction of 120 degrees, external rotation of 60 degrees, and internal rotation of 50 degrees. There was tenderness to the left shoulder. Treatment has included injection, home exercise program, surgery, and medications (Norco since at least 3-3-2015). X-ray of shoulder revealed degenerative change dated 1-23-2015. Utilization review form dated 8-19-2015 included hydrocodone-acetaminophen 10-325mmg # 100.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone-Acetaminophen 10MG-325MG QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1998 injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone-Acetaminophen 10MG-325MG QTY: 100 is not medically necessary and appropriate.